

MEDDAC Regulation 1-1

Medical Services

Staff Assistance Visits

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
31 October 2002**

Unclassified

SUMMARY of CHANGE

MEDDAC REG 1-1
Staff Assistance Visits

Specifically, this revision—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Removes the Chief, Department of Primary Care from the list of officials who have staff assistance visit responsibilities (para 1-4).

Administration

Staff Assistance Visits

FOR THE COMMANDER:

DAVID A. BITTERMAN
LTC, MS
Deputy Commander for
Administration

Official:



JOHN SCHNEIDER
Adjutant

Summary. This regulation establishes responsibilities, policies, and procedures for conducting staff assistance visits to outlying health clinics and to ensure that those clinics are complying with established directives of the U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) and higher headquarters.

Applicability. This regulation applies to the MEDDAC headquarters and all outlying health clinics.

Proponent. The proponent of this regulation is the Clinical Administrator.

Supplementation. Supplementation of this regulation is prohibited.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-CA, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

Distribution. Distribution of this publication is made by electronic medium only.

History. This is the second update of this publication. It was originally published on 23 March 1993.

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Chapter 1

Introduction

1-1. Purpose

This regulation establishes responsibilities, policies, and procedures for conducting staff assistance visits to outlying health clinics and to ensure that those clinics are complying with established directives of the MEDDAC and higher headquarters and other regulatory agencies.

1-2. Explanation of abbreviations

Abbreviations used in this regulation are explained in the glossary.

1-3. References

Required references are listed in appendix A.

1-4. Responsibilities

All responsibilities listed in this paragraph pertain to positions at Kimbrough Ambulatory Care Center.

a. *The MEDDAC Commander.* The MEDDAC Commander has overall and ultimate responsibility for ensuring staff assistance visits are made to all outlying health clinics.

b. *The Deputy Commander for Clinical Services (DCCS).* The DCCS will be the repository of all trip reports.

c. *Chief, Logistics Division.* The Chief, Logistics Division will provide transportation for staff assistance visit teams as requested by staff assistance officials.

d. *The Clinical Administrator.* The Clinical Administrator will—

(1) Be the proponent of this regulation.

(2) Receive schedules of all staff assistance visits and resolve conflicts in scheduling.

(3) Coordinate appropriate follow up action in response to information deficiencies noted in after action reports.

e. *Officials who have staff assistance visit responsibilities.* The officials listed below will conduct or participate in staff assistance visits to outlying health clinics in accordance with the provisions of chapter 2 of this regulation:

(1) Deputy Commander for Nursing (DCN).

(2) Chief, Department of Radiology.

(3) Chief, Preventive Medicine Service.

(4) Chief, Behavioral Health Care Service (BHCS).

(5) Chief, Laboratory Service.

(6) Chief, Pharmacy Service.

(7) Chief, Patient Administration Division.

(8) Chief, Military Personnel Division.

(9) Chief, Logistics Division.

(10) Chief, Plans, Training, Mobilization and Security Division (PTM&S).

(11) Chief, Information Management Division.

(12) Chief, Resource Management Branch, Business Division.

(13) Chief, Managed Care Branch, Business Division.

(14) Chief, Social Work Section, BHCS.

- (15) Occupational Health Nurse.
- (16) Safety/Infection Control Officer.
- (17) Performance Improvement/Risk Manager (Quality Management).

Chapter 2

Assistance Visit Schedules, and Procedures

2-1. Quarterly staff assistance visits

The following clinical staff activities will conduct or participate in quarterly staff assistance visits:

- a. Nursing Services.
- b. Department of Radiology.
- c. Department of Primary Care.
- d. Preventive Medicine Service.
- e. Behavioral Health Care Service.
- f. Laboratory Service.
- g. Pharmacy Service.
- h. Occupational Health Clinic.
- i. Social Work Section, BHCS.

2-2. Semiannual staff assistance visits

The following administrative staff activities will conduct or participate in semiannual staff assistance visits:

- a. Information Management Division.
- b. Military Personnel Division.
- c. Patient Administration Division.
- d. Logistics Division.
- e. PTM&S.
- f. Resource Management Branch, Business Division.
- g. Managed Care Branch, Business Division.
- h. Safety/Infection Control Office.
- i. Quality Management.

2-3. Constitution and preparation of staff assistance visit teams

a. A staff assistance visit team may consist of one individual, two or more personnel from the same activity, or two or more personnel from more than one activity. Optimally, quarterly and semiannual staff assistance visit teams should include at least one member from each of the activities listed in paragraphs 2-1 and 2-2 above, respectively.

b. The senior staff member of the staff assistance visit team, whether military or civilian, will be the responsible officer and will ensure that all personnel adhere to proper military protocol and decorum.

c. Staff members planning a staff assistance visit will coordinate with the appropriate leadership at the outlying health clinics at least 30 days prior to the desired date of the visit.

d. Each member of a staff assistance visit team should have a prepared agenda to maximize his or her time at the outlying health clinic as well as to minimize or eliminate duplication of effort.

The agenda should be provided to the outlying health clinic during the coordination call.

2-4. Staff assistance visit team outbriefs

Prior to departing an outlying health clinic after the conclusion of a staff assistance visit, the members of the team will provide a verbal outbrief to the section(s) assisted. The clinic commander, director or supervisor should be informed of all major deficiencies, recommendations made, and positive and negative aspects of the visit. All recommendations will be based on current regulations and policies and be within the clinic's resources to comply.

2-5. After action reports

a. All after action reports will be prepared in memorandum format, on letterhead stationary, in accordance with the provisions of the current AR 25-50.

b. The following information will be contained in all after action reports:

(1) Paragraph 1:

1. General.

a. Clinic visited.

b. Name of visitor (i.e., name of the senior team member).

c. Date of visit.

d. Purpose of visit.

e. Principal individual contacted.

f. Names of all other team members.

(2) Paragraph 2:

2. Observations and discussions. (List.)

(3) Paragraph 3:

3. Recommendations and assigned actions. (List.)

c. The responsible officer of the team (the senior member) will prepare and sign the after action report.

d. After action reports concerning Dunham U.S. Army Health Clinic (USAHC), Defense Distribution Center Occupational Health Clinic (OHC), and Letterkenny OHC will be addressed *THRU* the Deputy Commander for Administration (DCA), DCCS, DCN and MEDDAC Commander, *TO* the Commander, Dunham USAHC. A copy furnished will be provided to the Clinical Administrator.

e. After action reports concerning Kirk USAHC will be addressed *THRU* the DCA, DCCS, DCN and MEDDAC Commander, *TO* the Commander, Kirk USAHC. A copy furnished will be provided to the Clinical Administrator.

f. After action reports concerning Barquist USAHC will be addressed *THRU* the DCA, DCCS, DCN and MEDDAC Commander, *TO* the Director, Barquist USAHC. A copy furnished will be provided to the Clinical Administrator.

g. After action reports concerning the Fort Indiantown Gap Troop Medical Clinic (TMC) will be addressed *THRU* the DCA, DCCS, DCN and MEDDAC Commander, *TO* the Supervisor, Fort Indiantown Gap TMC. A copy furnished will be provided to the Clinical Administrator.

Appendix A References

Section I Required Publications

AR 25-50.
Preparing and Managing Correspondence
(Cited in para 2-5.)

Section II Related Publications

This section contains no entries.

Section III Prescribed Forms

This section contains no entries.

Section IV Referenced Forms

This section contains no entries.

Glossary

Section I Abbreviations

BHCS

Behavioral Health Care Service

DCA

Deputy Commander for Administration

DCCS

Deputy Commander for Clinical Services

DCN

Deputy Commander for Nursing

OHC

Occupational Health Clinic

MEDDAC

U.S. Army Medical Department Activity, Fort George G. Meade

PTM&S

Plans, Training, Mobilization and Security Division

TMC

Troop Medical Clinic

USAHC

U.S. Army Health Clinic

Section II Terms

This section contains no entries.